



Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identification Number : 2006110		Report Filed By :		CANDIDATE	COMMITTEE <input checked="" type="checkbox"/>	LOBBYIST
Name of Filing Committee, Candidate or Lobbyist: HORNAMAN, JOHN COM TO ELECT						
Street Address: 4837 SUMMER ST						
City: ERIE			State: PA		Zip Code: 16509-1715	
TYPE OF REPORT (place X to the right of report type)	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDAY PRE-PRIMARY	2.	30 DAY POST-PRIMARY	3.
	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDAY PRE-ELECTION	5.	30 DAY POST-ELECTION	6.
	ANNUAL REPORT	7. X	Year 2017	FILING METHOD () CHECK ONE		PAPER <input checked="" type="checkbox"/> DISKETTE
Name of Office Sought by Candidate:			DATE OF ELECTION		District Number	Office Code
			MO DAY YEAR			
			11 7 2017		(SEE INSTRUCTIONS FOR CODES)	
Summary of Receipts and Expenditures from:			MO DAY YEAR		FOR OFFICE USE ONLY	
			11 28 2017 TO			
A. Amount Brought Forward From Last Report			\$		12,039.93	
B. Total Monetary Contributions And Receipts (From Schedule I)			\$		0.00	
C. Total Funds Available (Sum Of Lines A and B)			\$		0.00	
D. Total Expenditures (From Schedule III)			\$		0.00	
E. Ending Cash Balance (Subtract Line D From Line C)			\$		0.00	
F. Value Of In-Kind Contributions Received (From Schedule II)			\$		0.00	
G. Unpaid Debts And Obligations (From Schedule IV)			\$		0.00	

AFFIDAVIT SECTION

PART I - If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules filed on paper or by electronic medium, are to the best of my knowledge and belief correct and complete.

Sworn to and subscribed before me this

3rd day of January 2018
Kimberly S. Alexander
Signature

My Commission Expires 10 31 2019
MO DAY YR

John R. Hornaman
Signature of Person Submitting Report

JOHN HORNAMAN
Printed Name

hornamj@aol.com
Email

814 868-2631
Area Code Daytime Telephone Number

Part II - If this is a report of a candidate's authorized Committee, Candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the act of June 3, 1937 (P.L. 1333, No 320) as amended.

Sworn to and subscribed before me this

3rd day of January 2018
Kimberly S. Alexander
Signature

My Commission Expires 10 31 2019
MO DAY YR

John R. Hornaman
Signature of Candidate

John Hornaman
Printed Name

hornamj@aol.com
Email

814 868-2631
Area Code Daytime Telephone Number

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
Kimberly S. Alexander, Notary Public
City of Erie, Erie County
Commission Expires Oct. 31, 2019
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

COMMONWEALTH OF PENNSYLVANIA
NOTARIAL SEAL
Kimberly S. Alexander, Notary Public
City of Erie, Erie County
Commission Expires Oct. 31, 2019
MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

SCHEDULE I
CONTRIBUTIONS AND RECEIPTS
Detailed Summary Page

Name of Filing Committee or Candidate HORNAMAN, JOHN COM TO ELECT	Reporting Period From: <u>11/28/2017</u> To: <u>12/31/2017</u>
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1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor	
TOTAL for the Reporting Period (1)	\$ 0.00

2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)	
Contributions Received From Political Committees (Part A)	\$ 0.00
All Other Contributions (Part B)	\$ 0.00
TOTAL for the Reporting Period (2)	\$ 0.00

3. Contributions Received Over \$250.00 (From Part C and Part D)	
Contributions Received From Political Committees (Part C)	\$ 0.00
All Other Contributions (Part D)	\$ 0.00
TOTAL for the Reporting Period (3)	\$ 0.00

4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)	
TOTAL for the Reporting Period (4)	\$ 0.00

Total Monetary Contributions and Receipts During this Reporting Period (Add and enter amount totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Page, Item B.)	\$ 0.00
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PART A
CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from political committees
with an aggregate value from \$50.01 to \$250.00 in the reporting period.

Name of Filing Committee or Candidate				Reporting Period		
				From: To:		
				DATE		AMOUNT
Full Name of Contributing Committee				MO	DAY	YEAR
Mailing Address						\$ 0.00
City	State	Zip Code (Plus 4)				

PAGE TOTAL

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

\$ 0.00

PART B

ALL OTHER CONTRIBUTIONS**\$50.01 TO \$250.00**

**Use this Part to itemize all other contributions with an aggregate value from
\$50.01 to \$250.00 in the reporting period.
(Exclude contributions from political committees reported in Part A)**

Name of Filing Committee or Candidate				Reporting Period			
				From:		To:	
				DATE		AMOUNT	
Full Name of Contributor				MO	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code (Plus 4)					

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

PAGE TOTAL

\$ 0.00

PART C
Contributions Received From Political Committees
OVER \$250.00

Use this Part to itemize only contributions received from Political committees
with an aggregate value from Over \$250.00 in the reporting period.

Name of Filing Committee or Candidate	Reporting Period
	From: To:

				DATE			AMOUNT	
Full Name of Contributing Committee				MO	DAY	YEAR	\$ 0.00	
Mailing Address								
City	State	Zip Code (Plus 4)						

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 0.00

PART D
ALL OTHER CONTRIBUTIONS

OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of
over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Candidate	Reporting Period
	From: To:

			DATE			AMOUNT
Full Name of Contributor			MO	DAY	YEAR	
Mailing Address						\$ 0.00
City	State	Zip Code (Plus 4)				
Employer Name			Occupation			
Employer Mailing Address/Principal Place of Business		City	State		Zip Code (Plus 4)	

Enter Grand Total of Part C on Schedule I, Detailed Summary Page, Section 3.

PAGE TOTAL
\$ 0.00

OTHER RECEIPTS

Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Name of Filing Committee or Candidate	Reporting Period
	From: To:

			DATE			AMOUNT	
Full Name			MO	DAY	YEAR	\$ 0.00	
Mailing Address							
City	State	Zip Code (Plus 4)					
Receipt Description							

Enter Grand Total of Part E on Schedule I, Detailed Summary Page, Section 4.

PAGE TOTAL	
\$	0.00

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

**USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS
DURING THE REPORTING PERIOD.**

Detailed Summary Page

Name of Filing Committee or Candidate		Reporting Period	
HORNAMAN, JOHN COM TO ELECT		From: <u>11/28/2017</u> To: <u>12/31/2017</u>	
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS PER CONTRIBUTOR			
TOTAL for the Reporting Period (1)		\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PART F)			
TOTAL for the Reporting Period (2)		\$	0.00
3. IN-KIND CONTRIBUTION RECEIVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Period (3)		\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, Item F.)		\$	0.00

SCHEDULE II
PART G
IN-KIND CONTRIBUTIONS RECEIVED
VALUE OVER \$250.00

Name of Filing Committee or Candidate				Reporting Period From: To:			
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				DATE			AMOUNT
Full Name of Contributor				MO	DAY	YEAR	
Mailing Address							\$ 0.00
City	State	Zip Code(Plus 4)					
Employer of Contributor				Occupation			
Employer Mailing Address/Principal Place of Business	City	State	Zip Code(Plus 4)	Description of Contribution			
Enter Grand Total of Part G on Schedule II, In-Kind Contributions Detailed Summary Page, Section 3.							PAGE TOTAL 0.00

SCHEDULE III **STATEMENT OF EXPENDITURES**

Name of Filing Committee or Candidate	Reporting Period From _____ To: _____
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				DATE	AMOUNT		
To Whom Paid				MO	DAY	YEAR	
Mailing Address							\$ 0.00
City	State	Zip Code (Plus 4)	Description of Expenditure				
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.							PAGE TOTAL \$ 0.00